								Application or Docket Number							
PATENT APPLIC, EE DETERMINATION RECO Effective October 1, 2000									109/807661						
CLAIMS AS FILED - PART I								SMALL	. ENTIT	 Y	_	OTHER	THAN		
   T./	OTAL CLAIMS		(Column 1) (C			lumn 2)		TYPE			DR.	SMALL	ENTITY		
								RATI	E FE	E		RATE	FEE		
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC	FEE		DR	BASIC FEE	860		
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		*			X\$ 9	=		)R	X\$18=			
INDEPENDENT CLAIMS			5' minus 3 =		2			X40=	<u> </u>		)R	X80=	160		
М	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				_	+135	_		)R	+270=	270		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	L		∵ <b>l</b> DR	TOTAL	1291			
CLAIMS AS AMENDED - PART II												OTHER	THAN		
_		(Column 1)	n nata se a combe a supp.	(Colur		(Column 3) Si			SMALL ENTITY			SMALL	ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADI TIOI FE	<b>NAL</b>		RATE	ADDI- TIONAL FEE		
	Total	. 14	Minus	2	<u>U</u>	=		X\$ 9=	=	c	R	X\$18=			
	Independent	NTATION OF MU	Minus	*** 4	CLAIM	=		X40=		c	R	X80=			
<u> </u>	T MOT T MEGE	INTATION OF MIC	DETIFIE DEI	ENDENT	CLAIIVI		1	+135=	=	0	R	+270=			
								TOT ADDIT. FI		$\neg$	R A	TOTAL ADDIT, FEE			
		(Column 1) (Column 2) (Column 3)										NODII. 1 CC			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH 	BER DUSLY	PRESENT – EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE		
	Total	· 12.	Minus		20	= O		X\$ 9=	=	0	R	X\$18=			
	Independent • Mi		Minus	DEPENDENT C				X40=			R	X80=			
_				LNOCKI			]	+135=		0	R	+270=			
								TOTA		o	R ,	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADE TION FEI	AL		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9=		0	R	X\$18=			
	Independent	pendent * Minus ***  ST PRESENTATION OF MULTIPLE DEPENDENT		CI AILA	=		X40=			<sub>R</sub> [	X80=				
	TINOT FRESE		۱ þ	+135=	1		Ì	. 270							
* If the entry in column 1 is less than the entry in column 2; write "0" in column 3.											L	+270= TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															
• •	ine Trignest Num	ider Previously Pálo	i For" (Total or	Independe	ent) is the	highest numbe	r four	nd in the	appropriat	box in	colu	ımn 1.			

FORM PTO-87: (Rev. 8/00)